

MENOMONEE FALLS HEALTH CARE CENTER

N84 W17049 MENOMONEE AVE

MENOMONEE FALLS 53051 Phone:(262) 255-1180

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 104

Total Licensed Bed Capacity (12/31/04): 104

Number of Residents on 12/31/04: 99

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 96

Corporation

Skilled

No

Yes

Yes

96

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		49.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	19.2	More Than 4 Years		17.2
Day Services	No	Mental Illness (Org./Psy)	11.1	65 - 74	3.0			-----
Respite Care	Yes	Mental Illness (Other)	3.0	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	17.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.1	65 & Over	80.8	-----		
Transportation	No	Cerebrovascular	15.2		-----	RNs		10.6
Referral Service	No	Diabetes	3.0	Gender	%	LPNs		10.4
Other Services	No	Respiratory	2.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.3	Male	31.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	68.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	6.7	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.0
Skilled Care	16	100.0	287	50	83.3	124	3	100.0	124	20	100.0	237	0	0.0	0	0	0.0	0	89	89.9
Intermediate	---	---	---	2	3.3	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care	---	---	---	4	6.7	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		60	100.0		3	100.0		20	100.0		0	0.0		0	0.0		99	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	7.9	Bathing	7.1	73.7	19.2	99
Private Home/With Home Health	0.0	Dressing	11.1	69.7	19.2	99
Other Nursing Homes	5.8	Transferring	15.2	65.7	19.2	99
Acute Care Hospitals	85.7	Toilet Use	14.1	63.6	22.2	99
Psych. Hosp.-MR/DD Facilities	0.0	Eating	66.7	26.3	7.1	99
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.5					
Total Number of Admissions	189	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	11.1	Receiving Respiratory Care		21.2
Private Home/No Home Health	35.7	Occ/Freq. Incontinent of Bladder	53.5	Receiving Tracheostomy Care		1.0
Private Home/With Home Health	0.5	Occ/Freq. Incontinent of Bowel	40.4	Receiving Suctioning		1.0
Other Nursing Homes	11.4			Receiving Ostomy Care		2.0
Acute Care Hospitals	15.1	Mobility		Receiving Tube Feeding		3.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		17.2
Rehabilitation Hospitals	0.0					
Other Locations	10.3	Skin Care		Other Resident Characteristics		
Deaths	27.0	With Pressure Sores	7.1	Have Advance Directives		71.7
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	185			Receiving Psychoactive Drugs		57.6

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.3	86.4	1.07	86.5	1.07	87.3	1.06	88.8	1.04
Current Residents from In-County	53.5	85.0	0.63	87.0	0.62	85.8	0.62	77.4	0.69
Admissions from In-County, Still Residing	14.3	18.1	0.79	18.9	0.76	20.1	0.71	19.4	0.74
Admissions/Average Daily Census	196.9	199.9	0.99	188.2	1.05	173.5	1.13	146.5	1.34
Discharges/Average Daily Census	192.7	201.1	0.96	190.4	1.01	174.4	1.11	148.0	1.30
Discharges To Private Residence/Average Daily Census	69.8	83.1	0.84	77.5	0.90	70.3	0.99	66.9	1.04
Residents Receiving Skilled Care	93.9	95.8	0.98	95.9	0.98	95.8	0.98	89.9	1.04
Residents Aged 65 and Older	80.8	84.4	0.96	90.5	0.89	90.7	0.89	87.9	0.92
Title 19 (Medicaid) Funded Residents	60.6	61.2	0.99	56.3	1.08	56.7	1.07	66.1	0.92
Private Pay Funded Residents	20.2	13.7	1.47	22.2	0.91	23.3	0.87	20.6	0.98
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	14.1	30.0	0.47	29.0	0.49	32.5	0.43	33.6	0.42
General Medical Service Residents	32.3	23.2	1.39	25.4	1.27	24.0	1.35	21.1	1.53
Impaired ADL (Mean)	47.7	52.9	0.90	52.6	0.91	51.7	0.92	49.4	0.97
Psychological Problems	57.6	51.7	1.11	55.4	1.04	56.2	1.02	57.7	1.00
Nursing Care Required (Mean)	6.6	8.4	0.78	7.7	0.86	7.7	0.85	7.4	0.88